

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20	1					
21	1					
22		①				
23	1					
24	1					
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31		1				
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33		1				
34	1					
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	36					
TOTAL CLAIMS	45					

  

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						